

## DO/EO WORKSHEET

Paralegal/National Stage Division

U.S. Appl. No. 10/507473International Appl. No. EP03/14062Application filed by: ☐ 20 months ☒ 30 months

## WIPO PUBLICATION INFORMATION:

Publication No.: 2004/053471Publication Language: ☐ English ☒ German ☐ Japanese ☐ Chinese ☐ Korean  
☐ French ☐ Spanish ☐ Russian ☐ Other: \_\_\_\_\_Publication Date: 24 Jun 04Not Published: ☐ U.S. only designated ☐ EP requestPublished: ☐ EP request

## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

☒ International Application (RECORD COPY)☐ PCT/IB/331☐ Article 19 Amendments☐ Request form PCT/RO/101☐ PCT/IPEA/409 IPER: ☐ EP ☐ JP ☐ SE ☐ AU☐ PCT/ISA/210 - Search Report: ☐ EP ☐ JP ☐ SE ☐ AU☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ \_\_\_\_\_☐ US ☐ FR ☐ CN ☐ ES ☐ RU ☐ AT ☐ KR ☐ \_\_\_\_\_☐ Annexes to 409☐ Search Report References☒ Priority Document (s) No. 1☐ Other: \_\_\_\_\_

## RECEIPTS FROM THE APPLICANT (other than checked above):

☒ Basic National Fee (or authorization to charge)☒ Preliminary Amendment(s) Filed on:☒ Description ☐ Claims ☐ Abstract☒ Information Disclosure Statement(s) Filed on:☒ Drawing Figure(s) - (# of drwgs. 2)☐ Assignment Document (forwarded to Assignment Branch)☐ Translation of Article 19 Amendments☐ Assignee PG Publication Notice☐ entered ☐ not entered:☐ Substitute Specification Filed on:☐ not a page for page substitution  
☐ replaced by Article 34 Amendment

1. \_\_\_\_\_ 2. \_\_\_\_\_

☐ Annexes to 409☐ Verified Small Status Statement☐ entered ☐ not entered:☒ Oath/ Declaration (executed)☐ not a page for page substitution  
☐ other: \_\_\_\_\_☐ DNA Diskette ☐ Sequence Listing☐ Application Data Sheet☐ Other: \_\_\_\_\_☐ Power of Attorney/ Change of Address

## NOTES:

☐ LA. used as Specification ☐ Other: \_\_\_\_\_

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received.

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements (no EP requested)

Date of Completion of DO/EO 903 - Notification of Acceptance

Date of Completion of DO/EO 905 - Notification of Missing Requirements

Date of Completion of DO/EO 909 - Notification of Abandonment

Date of Completion of DO/EO 916 - Notification of Defective Response

Date of Completion of DO/EO 922

Date of Completion of DO/EO 923

BEST AVAILABLE COPY

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>02/27/05</u>	2 Serial/Patent # <u>10-507,473</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing	1	9-10-04	\$ 160							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
7 TOTAL AMOUNT OF REFUND		\$ 160								
8 TO BE REFUNDED BY:										
<input type="checkbox"/> Treasury Check										
<input checked="" type="checkbox"/> Credit Deposit A/C #:										
9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">6</td> <td style="width: 20px; text-align: center;">5</td> </tr> </table>				1	3	--	2	8	6	5
1	3	--	2	8	6	5				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
<input type="checkbox"/> No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>								
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9740</u>								
OFFICE: <u>PCT</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: _____		DATE: _____								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B